

WEST CHESTER, PA—Congressman Joe Sestak (PA-07) visited with residents and directors of The Hickman senior living residence in West Chester, Pa., on April 7, 2009. The Hickman is an independent and assisted-living residence that was founded by two Quaker women in 1891. Congressman Sestak met with and took questions from seniors and staff and discussed his efforts at protecting, caring for, and respecting our elders.

“I have made caring for and respecting our senior citizens a centerpiece of my efforts in the 7th District and in Washington,” said Congressman Sestak. “This year, the House passed my Elder Abuse Victim’s Act—the first elder abuse prevention measure to pass the House in 17 years—which will put the provisions in place to ensure that our most vulnerable seniors will be protected. Also, I am very pleased that the Serve America Act, recently passed by Congress, contains the my Senior Scholarship Program, which will reward our senior’s volunteer work with scholarships. We—especially our youth—need the guidance, wisdom, and support only our elders can provide, and I am pleased to encouraged and reward their efforts with this program.”

On February 11, 2009, the House of Representatives passed Congressman Sestak’s Elder Abuse Victims Act, the first elder abuse prevention bill to pass the House of Representatives in 17 years. The legislation focuses on protecting seniors from abuse by evaluating state and federal programs, advocacy grants, and prosecution of elder abuse cases. Notably, it funds elder abuse prosecutorial departments at the local, state and federal levels; trains law enforcement officials on appropriate action in these cases; funds nurse-investigators who are experts in identifying elder abuse; and requires the Attorney General to conduct a study evaluating state programs and practices designed to protect seniors from abuse, neglect, and exploitation.

On March 31, 2009, the House of Representatives passed H.R. 1388, the Serve America Act, formerly known as the Generations Invigorating Volunteerism and Education (GIVE) Act, of which Congressman Sestak was an original co-sponsor. The Act now awaits President Obama’s signature. The Serve Act will establish funds to expand and recruit volunteers to service programs such as AmeriCorps, SeniorCorps, and Learn and Serve America. The Act also includes the provisions of Congressman Sestak’s Silver Scholarship program. This program will provide individuals over the age of 55 who commit to volunteering for 350+ hours per year a \$1,000 education award to be used for continuing education, which is transferrable to a child, foster child, or grandchild to support their college education. The bill also provides funds to support individuals who require financial assistance for transportation to and from a service project. The Serve Act would increase the number of participants in AmeriCorps from 75,000 to 250,000 and boost education grants for volunteers. It would also create a National Day of Service and Remembrance on September 11 to commemorate the September 11, 2001, terrorist attacks.

Congressman Sestak has also fought to strengthen Medicare. Among other efforts, he has:

Sponsored the Medicare Prescription Drug Negotiation Act of 2007 to help seniors get better prices on prescription medications under Medicare

- The bill would require the Secretary of Health and Human Services to negotiate with pharmaceutical manufacturers the prices that may be charged to prescription drug plan sponsors and Medicare Advantage organizations for covered part D drugs for part D eligible individuals enrolled under a prescription drug plan or under a Medicare Advantage prescription drug (MA-PD) plan.

Voted in favor of the Medicare Improvements for Patients and Providers Act of 2008

- The Medicare Improvements for Patients and Providers Act of 2008 (HR 6331) would offer greater assistance to beneficiaries who are most in need, and ensure that Medicare recipients receive quality care by addressing the needs of those who provide health care products and services.

- Provisions:

- Includes approximately \$4.5 billion to directly assist Medicare recipients in affording better care.

- To help beneficiaries identify medical conditions or risk factors early, preventive services not currently covered are added to the program as long as they are recommended by the US Preventive Services Task Force and approved through regular regulatory channels.

- A portion of these funds are directed toward the cost of mental health services.

- Medicare currently required a much higher co-payment for these services – 50 percent – than the 20 percent required for physical health care services. This parity is attained by lowering co-payments over six years, making sure seniors and people with disabilities, groups particularly prone to depression and similar problems, can afford the screening and treatment they need.

For physicians

-This legislation addresses the impact of healthcare costs on Medicare physicians, who are scheduled to receive a 10.6 percent payment cut this year based on a formula established by Congress in 1997 to control costs. Acknowledging that if doctors are not paid fairly there are fewer services available to patients covered by Medicare, this bill eliminates the scheduled pay cut for 2008 and increases physician payments by 1.1 percent for 2009.

-In addition, physicians receive greater incentives to implement practices that will lead to higher quality care and fewer errors. This act extends for two years the Physician Quality Reporting Initiative (PQRI), under which physicians report back to Medicare on their compliance with a standard set of quality measures. Incentive payments to physicians for this reporting are raised by two percent. Another measure requires physicians to submit their prescriptions to pharmacies electronically to prevent medication errors and reduce avoidable health problems.

-Increasing payments to physicians who use qualified e-prescribing systems and comply with PQRI represents an additional way that this legislation focuses on preventing health complications for Medicare patients to reduce costs in the long term.

Paying for Improvements to Medicare

-This legislation is fully paid for by two Medicare Advantage offsets. The costs are bundled by CBO, Ways and Means and Energy and Commerce. The total amount through 2013 equals \$12.5 billion.

-The bill phases out the Indirect Medical Education program under Medicare Advantage, which provides special payments to teaching hospital, as each time a Medicare beneficiary is admitted to a teaching hospital, the facility receives an Indirect Medical Education (IME) payment to defray the cost of educating doctors and providing more sophisticated care. But the current reimbursement rate for Medicare Advantage plans is also adjusted upward to reflect IME payments made by Medicare at the local level. Medicare Advantage plans get a higher payment for every enrollee, whether enrollees ever receive care at such facilities or not. MA plans are not required to pass the payment along to teaching hospitals at any time.

-The Medicare Improvements for Patients and Providers Act eliminates the needless double payment, still reimbursing the teaching facility directly for the higher cost of care, but eliminating the second payment, the IME adjustment in Medicare Advantage rates.

Furthermore, the bill requires private fee-for-service plans to form networks with health care providers, thereby reducing costs by slowing the rate of the growth of such plans. Federal spending for private Medicare Advantage (MA) plans -including health maintenance organizations, preferred provider organizations, and private fee-for-service plans - has grown rapidly since Congress increased payments for MA in the Medicare Modernization Act of 2003. The Congressional Budget

-Office estimates that overpayments to Medicare Advantage plans cost taxpayers \$150 billion/10 years. They are paid at a rate 13 percent higher than traditional Medicare fee-for-service providers. Private fee-for-service plans, in particular, get a special deal that costs taxpayers and beneficiaries alike. They are not required to have contracts with hospitals or doctors, which causes confusion for Medicare beneficiaries and providers. They are also exempt from reporting quality measures that contribute to efficiency in care.

-Under this bill, private fee-for-service plans will be required to have contracts with hospitals and providers. The Congressional Budget Office (CBO) projects that this safeguard for seniors will stop the skewing of growth in Medicare toward uncontrolled, overpaid private plans that currently do not always guarantee beneficiaries access to doctors and hospitals. The Medicare bill will get rid of the special network exemption for private fee-for-service plans by 2011. This change will only apply to plans in areas with two or more non-PFFS plan choices.

Voted for CHAMP Act to improve preventive care for seniors

-The bill would eliminate co-payments and deductibles for preventive services, including free screening tests for glaucoma, initial preventive physical exams, prostate and colorectal cancer, mammograms and diabetes screening, bone mass measurement, and others; reduce co-payment for mental health services to ensure parity with other health care services; and stop doctors from leaving Medicare by reversing the 10% decrease in physician reimbursement with a 0.5% increase over the next two years.

Born and raised in Delaware County, former 3-star Admiral Joe Sestak served in the Navy for 31 years and now serves as the Representative from the 7th District of Pennsylvania. He led a series of operational commands at sea, including Commander of an aircraft carrier battle group of 30 U.S. and allied ships with over 15,000 sailors and 100 aircraft that conducted operations in Afghanistan and Iraq. After 9/11, Joe was the first Director of "Deep Blue," the Navy's anti-terrorism unit that established strategic and operations policies for the "Global War on Terrorism." He served as President Clinton's Director for Defense Policy at the National Security Council in the White House, and holds a Ph.D. in Political Economy and Government from Harvard University. According to the office of the House Historian, Joe is the highest-ranking former military officer ever elected to the U.S. Congress.

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